

U.S. Application No. 09/965,030
Reply to Office Action dated November 1, 2006

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JAN 29 2007

PATENT
450100-03503

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants : Yoshikatsu Niwa, et al.
Serial No. : 09/965,030
For : DATA TRANSFER APPARATUS, NETWORK
SYSTEM, AND DATA TRANSFER METHOD
Filed : September 27, 2001
Examiner : Shin, Kyung H.
Art Unit : 2143
Confirmation No. : 2594

745 Fifth Avenue
New York, NY 10151
(212) 588-0800

CERTIFICATE OF FACSIMILE

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Barnet Shindlman
(Name of person signing transmittal)


Signature

January 29, 2007
Date of Signature

AMENDMENT UNDER 37 C.F.R. §1.116

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the non-final Office Action mailed on November 1, 2006, having a
three-month shortened statutory period for response set to expire on February 1, 2007, please
consider the following remarks and arguments in the above-identified application.

A Listing of the Claims begins on page 2 of this paper.

Remarks/Arguments begin on page 6 of this paper.

JAN 29 2007

FROMMER LAWRENCE & HAUG LLP

745 Fifth Avenue
New York, New York 10151
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FACSIMILE COVER LETTER

To: Commissioner for Patents
Examiner Kyung H. Shin

Firm: U.S. Patent and Trademark Office
Art Unit 2143

Facsimile: (571) 273-8300

From: Thomas F. Presson

Date: January 29, 2007

Re: FLH Ref No.: 450100-03503
Serial No: 09/965,030

Number of Pages: 12
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745 Fifth Avenue
New York, NY 10151
Tel: 212-588-0800

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

- ☒ No additional fee is required.
☐ The fee has been calculated as shown below.
☐ This is an application of a small entity under 37 CFR 1.9(f), and the amounts shown in parentheses apply.

Claims as Amended

(1)	(2) Claims remaining after amendment	(3)	(4) Highest number previously paid for	(5) Present extra	(6) Rate	(7) Additional Fee
Total claims	6	Minus	** = 20	* x	\$50 (25)	= \$ 0.00
Independent claims	3	Minus	** = 3	* x	\$200 (100)	= \$ 0.00
Total additional fee for this amendment						\$ 0.00

- * If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.
** If the highest number of total claims previously paid for is less than 20, write "20" in this space.
*** If the highest number of independent claims previously paid for is less than 3, write "3" in this space.

- ☐ This application contains a multiple dependent claim. The required fee of \$300 (150) has been previously paid ☐, or is paid herewith ☐.
- ☐ This response is being filed within the ___ month following the expiration of the term originally set therefor. This is a petition to request a ___ month extension of time. A check covering the cost of the petition is enclosed.
- ☐ A check in the amount of \$0.00 is attached, which covers the cost of ☐ additional claims ☐ petition for extension of time.
- ☐ Charge \$___ to Deposit Account No. 50-0320.
- ☒ Please charge any additional fees incurred by reason of this response or credit any overpayment to Deposit Account No. 50-0320.

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Barnet Shindlman

(Name of person signing transmittal)


Signature

January 29, 2007

Date of Signature

Respectfully submitted,

FROMMER LAWRENCE & HAUG LLP
Attorneys for Applicants

By: 

Thomas F. Persson
Reg. No. 41,442